

Society in the Covid-19 Pandemic

Inequalities, Challenges, and Opportunities

Editors:

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FOREWORD

When COVID-19, with its contagious properties and fatal signs, was detected, the reactions of human communities were interesting and weird at the same time. First came the denial; that COVID-19 was just another ordinary flu. However, denial was soon replaced by denunciations, and when people were busy blaming others for the situation, only within a few weeks the virus had spread itself everywhere. COVID-19 had not been taken seriously until the pandemic situation was finally announced; then, the world was in chaos. It felt like a world war that had sparked out of ignorance and negligence. Some said that it happened owing to lack of foresight; others argued that it would have never happened had science not been politicized in our modern world. Whatever its real culprit might have been, the pandemic was real, and within only 15 months, it had silently taken over two million human lives.

A couple of years ago, it would be bizarre to believe that soon we would see a day when social distancing, now the norm almost everywhere, would be encouraged and mandated. Like a world war, the COVID-19 Pandemic put the human community in a worldwide state of confusion. However, the confusion was worsened by the fact that in a war, comrades know their visible enemy. Nevertheless, during the pandemic, an infected friend turns into a potential foe instantly after diagnosis. This quickly created some social stigmatization for the infected individuals and worsened the situation because many cases infected did not report themselves, which, in turn, expedited the spread of the virus. The pandemic had numerous social implications. Therefore, besides all the miseries it had brought along, again, much like most wars, it also created a unique opportunity for social science researchers. Many researchers suddenly became interested in investigating this new phenomenon in relation to many other variables. This book attempts to present concepts and empirical research findings related to the COVID-19 Pandemic in human societies worldwide. In general, the purpose of this book is to examine the social effects of the COVID-19 Pandemic. It will hopefully help us understand the changes in society once the pandemic is over. The COVID-19 Pandemic has affected every aspect of social life around the globe, from individual relationships to institutional operations at local and global levels.

As people do their best to mitigate transmission through strict restrictions on people's movement, connections, and interactions, the disease continues to decimate families, upend governments, crush economies, affect migrants, and tear through the social and economic sector. These social changes and transformations also brought psychosocial health problems. During this time, modern societies should be studied from different fields of social sciences. Authors in this book tried to examine, collect and report the social effects of the COVID-19 Pandemic

in different parts of the world. Our contributors are academics working in social sciences who share their country's COVID-19 Pandemic experience with us.

Our contributors have addressed diverse topics related to social sciences and the COVID-19 Pandemic. More specifically, the issues that are addressed by the chapters include: the relationship between the pandemic and gender, the effect of digitization and social distancing on sociology and philosophical or political ways of thinking, the pandemic and globalization or nationalization, psychosocial effects of the pandemic, adaptation to masks and social distancing, macroeconomic effects of the pandemic, local coping strategies, technology leadership, challenges for disadvantaged groups, educational procedures, and assessment practices during the pandemic. Our contributors, who come from diverse parts of the world such as Brazil, China, India, Indonesia, Italy, Malaysia, Turkey and Ukraine report the impact of this phenomenon on their local social circles.

We believe the book is very timely as it creates new literature on the COVID-19 Pandemic. The outcomes and results of the researches in this book will help policymakers for a healthy management of the pandemic. Not only in the pandemic but also after the pandemic, this book will shed light for the researchers, professionals, and policymakers. A strong aspect of this book is that the work is internationally contributed and edited from a multidisciplinary perspective. Several international authors worked together for their joint papers. More than 30 scholars worked for a total of 17 chapters published in this book. Since there is not much literature on the COVID -19 Pandemic from a social science perspective, it will be a unique book in its area and will have an essential contribution to the area. We hope that our readers will find this book a valuable source that views the social influences of the pandemic in various parts of the world.

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CHAPTER 1

THE GENDERED PATTERN OF COVID-19 PANDEMIC

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Abstract

Health has always been a critical indicator for social inequalities and the COVID-19 pandemic has rendered visible all forms of inequalities across the world. Social and economic conditions of people with various disadvantages have been disproportionately subject to the risk of infections, struggling to reach adequate nutrition and also found it very difficult to get access to adequate health care services. Gender issue as one of the main axes of social inequalities, has been unquestionably a part of pandemic related problems. From intersectionality perspective, this paper aims to expose the gendered character of the pandemic at the local and global level. Given the prevalence of insecure and low paid employment in developing world, most women have found themselves in service sector of informal economy. Women who are employed in the informal sector, are heavily exposed to the risk of infections. In formal or informal jobs, women also faced unemployment and income reduction. Most women either of whom are employed or unemployed also faced heavy burden of household duties. During the pandemic, women are given various responsibilities to undertake the roles of teachers, cleaners, cooks, childminders and even nurses to overcome the difficulties of COVID-19. During the lock-down, most women have faced domestic violence. COVID-19 pandemic shows that gender is related to various forms of inequalities such as race, class, ethnicity and migration status. In order to have a broader picture of the effects of COVID-19 it is thus essential to have intersectionality perspectives to address pandemic related issues at the local and global level.

Keywords: Gender, women, intersectionality, COVID-19, inequalities, pandemic

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Why Pandemic Matters (More) for Women?

The COVID-19 pandemic has received a great deal of public attention since it spread in China. At the first days of the pandemic some high-profile people got infected, letting many people to think that pandemic was an equalizer. However, it was not. In a strongly fragmented society, divided by gender, social class, race, ethnicity, sexual orientation, ageing and disability, it is extremely difficult to argue that the COVID-19 pandemic has had equal consequences for all people. Although people were required to stay home in order to avoid infection, many people who were economically worse off had to go out and continue working. Many people in disadvantaged groups had to undertake much more work than usual, generally more than they could undertake. Staying at home was meant to be safe during the pandemic, but for some it was rather a difficult period in the shade of domestic violence threats and social disconnectedness. As far as the cases of coronaviruses are concerned, this paper underlines the outcomes of the COVID-19 pandemic are particularly adverse for people who are at the lower levels of social hierarchy. It particularly focuses on women, both in terms of gender inequalities and of the cumulative, intersectional and continual nature of the broader social inequalities.

To begin with, it is important to define the certain characteristics of social inequalities in relation with gender and COVID-19 pandemic. First, the inequalities are cumulative. As Ferraro and Shipee (2009) put it, inequality is a predestined state that people are born into, and begin to shape the life of people beginning from the childhood years. Therefore, the social, economic, or ethnic positions of people, or in Bourdieuan (1986) terms their social, economic, cultural and symbolic capital are not only shaped by their single actions. In other words, people generally do not create, but they are born into the world of inequalities. Although individual actions may help to improve one's social status, this is quite difficult because the intersectionality of inequalities often restrain people from reaching the necessary resources.

While some advantaged women have access to various social and economic resources, many women both in developed and underdeveloped countries still find it very difficult to reach these resources. While women have remarkably less power in underdeveloped countries in general (European Union, 2013), statistics (US Bureau of Labor Statistics, 2015) show that in USA most women across racial groups earn less income than men in general, Black, Hispanic and American Indian women also earn less than men of their ethnic group. Even though the development level of the country lived in matters, the status of women is not fundamentally shaped by the country level wealth. There are “continuing and persistent

forms of power that oppress all women, although in different ways, in different places, and at different times” (Anderson, 2005:452). Therefore, the examination of the consequences of COVID-19 pandemic on women should be grounded on the connections between gender, ethnicity and class in the political-economic context of women’s lives.

The intersectionality of inequalities plays an important role in explaining why some women tend to be more uneducated, jobless, poorer and are required to do all the housework. There are various sources of power and the complexity of the inequalities which should not be reduced to an economic argument that emphasizes conflict and competition of the social classes. One must take into account of the intersectionality of various social divisions and fragmentations (Crenshaw, 1989). Thus, despite its importance, economic inequalities should not be privileged. A more comprehensive analysis of social inequality should comprise all axes of social power as well as unequal relationship between men and women. The different social divisions such as gender, class, ethnicity, age, sexual orientation or disability may be seen as additive (Bryan, 1985), as cross-cutting (Crenshaw, 1989), as interlocking (Hill Collins, 2015) or as mutually constituted (Anthias & Yuval-Davis, 1992), but it is important to see that they cannot be reduced to each other and they constitute an accumulation of inequalities. Constituting the main axe of this paper, the intersectionality warns us to avoid from considering women as a homogeneous cluster.

The mentioned divisions in society constitute the social gradient in health, also known as health gradient (Marmot, 2005) which refers to the relation between the social inequalities and population health. The intersecting dynamics of inequality crystallizes in health status. As Marmot (2005, p.2) puts, the gradient in health “runs from top to bottom of society, with less good standards of health at every step down the social hierarchy”. Although there are many studies focusing on health inequalities in relation to only one dimension of social inequalities, European research and policy making is still being criticized by reducing the social determinants to socioeconomic variables and ignoring the multicausal nature of health inequalities (Ingleby, 2012).

Gender has a direct and strong relation with health in many aspects (Kuhlmann & Annandale, 2012). Women have poorer health than men in a global scale and in countries where men and women have similar power, the gender gap in health outcomes narrows (Crimmins, Kim & Solé-Auró, 2011)¹. The intersection-

1 Globally, women live approximately six to eight years longer than men (WHO, 2020a) but this gap in life expectancy increases the burden of especially chronic and age related diseases for women (Östlin vd., 2001; Mitnitski, 2002). Examining 11 European countries,